

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	17					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS